

OFFICIAL CLASSROOM LOCATION SCHEDULE

Department of Motor Vehicles Traffic Violator School Unit P. O. Box 825383 N229 Sacramento, CA 94232-5383 (916) 657-6549 FAX (916) 657-7021

SUBMIT A SEPARATE FORM FOR EACH CLASSROOM LOCATION MAIL COMPLETED FORM TO THE ABOVE ADDRESS

NOTICE: Any school that fails to submit schedules shall have its name removed from all judicial districts on the next TVS Classroom Location List published by the department, pursuant to Sections 345.40(d) California Code of Regulations and 11205(a) California Vehicle Code.

Instructions:

This form must be filed with the department a minimum of 15 days prior to:

- 1. Any class being conducted by any new school.
- 2. Any new classroom location being used by any school.
- 3. The beginning of each calendar month after a school begins operations.

Additional Information:

- Only a complete original form will be accepted.
- Incomplete forms or facsimiles will be returned.

Pursuant to Sections 345.40(a) and 345.40(b) California Code of Regulations.

TVS LICENSE NUMBER		AREA CODE/TELEPHON	AREA CODE/TELEPHONE NUMBER	
VS		()		
AME OF SCHOOL (D.B.A.)		, ,		
USINESS ADDRESS WHERE SCHOOL RECORDS ARE STORED	CITY	ZIP CODE		
B. Classroom location: (Complete a se	parate form for each location.)			
CLASSROOM STREET ADDRESS	CITY	ZIP CODE	ROOM	
C. List all class dates for this location:				
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGU	INSTRUCTIONAL LANGUAGE	
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGU	INSTRUCTIONAL LANGUAGE	
LASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE		
D. Applicant certification:				
l certify under penalty of perjury under the	laws of the State of California to	hat the foregoing is true	and co	
SIGNATURE OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE		DATE		